

CHILD

Assessment Questions

Age 1 year

1. What is your greatest concern about your child?

Free form answer

2. Does your child see someone for medical and dental care (one answer)?

Medical (well/sick)

Dental

Both

Neither

3. Tell me about any medical or dental issues your child has. Who diagnosed this condition?

Free form Answer

4. Tell me if your child consumes any of the following (may choose more than one answer):

N/A

Multivitamins

Other supplements

Herbs

Teas

Medications

Non-food items

Runny eggs

Raw or unpasteurized dairy products or juices

Undercooked meats or fish

Unwashed produce or sprouts

5. Does your child's caregiver (babysitter, child care provider) smoke indoors (one answer)?

Yes

No

6. Tell me about how your child is eating:

A. How many meals/snacks?

B. Where does he/she eat (table, in front of screen/TV)?

- C. Is he/she feeding themselves table/finger foods?
- D. How often does your child eat away from home (daycare, fast food, other)
- E. Does the family eat meals together?

Free form answer

- 7. What does your child drink throughout the day?
 - A. What kind and how much milk?
 - B. How many ounces of juice?
 - C. Water? Any other drink daily?
 - D. What does your child drink from (bottle, sippy, cup, straw)?

Free form answer

- 8. Do you have any additional questions?

Free form answer

Possible discussion topics:

Weaning from the bottle
Division of Responsibility
MyPlate
Age appropriate foods and serving sizes
Meal planning, preparation, budgeting
Non-dairy sources of calcium
Foods high in iron
Food safety
Dental care

Potential referrals:

Medicaid
SNAP
Food banks
Healthcare provider
RD
Immunizations
Childcare provider
Other local health department services

Mid –Year Certification Questions

- 1. How is your child eating? Any changes or concerns since your last visit?

Free form answer

2. What does your child use to eat and drink (i.e. bottles, cups, self-feeding using utensils)?

Free form answer

3. Has there been any changes with your child's health (new diagnoses)? Any new medications or supplements?

Free form answer

4. How much time does your child spend watching tv/screens?

Free form answer

5. What questions do you have for me?

Free form answer